

Check A Box
Patented Specimens

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PT

SERIAL NO.

FILING DATE

APPLICANT(S)

10/018

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8	1					
9		1				
10						
11	1					
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T TAL IND.	3	↓	↓	↓	↓	↓
T TAL DEP.	18	↓	↓	↓	↓	↓
T TAL CLAIMS	21					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	↓	↓	↓	↓	↓	↓
TOTAL DEP.	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS						